STATE OF INDIANA

SS:

IN RE: ORCE TRAJANOVSKI, DECEDENT

COUNTY OF LAKE

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

Snezanka Trajanovski, of the City of Crown Point, Lake County, Indiana, being first duly sworn upon her oath, deposes and says:

- ORCE TRAJANOVSKI, SSN XXX-XX-6136, died intestate on the 3rd day of September, 2009, while domiciled in Lake Commty, N Indiana. 亡
 - She is the surviving spouse of Orce Trajanovski.
- Forty-five (45) days have elapsed since the death of the 3. decedent.
- 4. No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.
- The value of the decedent's gross probate estate, less 1. The value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of Fifty Thousand Dollars (\$50,000.00) as provided by T.C. 29-1-8-3, in ruding the costs and expenses of administration, reasonable funeral expenses and a mortgage on said real estate in the approximate amount of Sixty Five Thousand Dollars (\$65,000.00).

 6. Among the probate assets owned by the Godfot at the time of his death was the following described real estated.
- 6. Among the probate assets owned by the Action at the time of his death was the following described real estational AUDITOR

The South 50 feet of Lot 2 in Block 36 in Railroad Addition to the Town, now City of Crown Point, as per plat thereof, recorded March 22, 1865 in Misc. Record "A", Pages 508 and 509, in the Office of the Recorder of Lake County, Indiana, more commonly known as 843 N. Sherman, Crown Point, IN 46307.

Parcel No.: 45-16-05-404-002.000-042

- 7. The maximum period for creditors to file claims against the decedent's estate (nine(9) months from date of death), expired on June 3, 2010.
 - Orce Trajanovski left surviving him, the following:

Snezanka Trajanovski, surviving spouse, 9385 Roosevelt Pl., Crown Point, IN 46307;

026537 C/287 C/2 NON COMF Angelina Momirovic, adult daughter, 9385 Roosevelt Pl., Crown Point, IN 46307; and

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N

Riste Trajanovski, adult son, 9385 Roosevelt Pl., Crown Point, IN 46307.

Said decedent left no other child or children, nor descendants of any predeceased child or children, and that the survivors are adults.

- 9. The gross value of the estate of the decedent, Orce Trajanovski, as determined for the purposes of Federal Estate Taxes, was less than the value required for the filing of a Federal Estate Tax Return. As a consequence thereof, the decedent's estate was not subject to Federal Estate Tax.
- 10. The gross value of the estate of the decedent, Orce Trajanovski, as determined for the purposes of Indiana Inheritance Tax, was less than the value required for the filing of an Indiana Inheritance Tax Return. As a consequence thereof, the decedent's estate was not subject to Indiana Inheritance Tax.
- 11. To the best of the affiant's knowledge, the statements made in this Affidavit are true and complete and are made for the purpose of establishing the ownership of the real estate described above, to obviate any problem concerning Federal Estate Tax or Indiana Inheritance Tax, and to induce the Auditor of Lake County, Indiana, to transfer ownership of the real estate described above to Snezanka Trajanovski, as to an undivided 50% share, Angelina Momirovic, as to an undivided 25% share, and Riste Trajanovski, as to an undivided 25% share, heirs at law.

This affiant This Doothing neutrine property of the Lake County Recorder!

SNEZANKA TRAJANOVSKI, AFFIANT

STATE OF INDIANA

COUNTY OF LAKE

Before me, a Notary Public in and for said County and State, this 30 km day of August, 2010, did personally appear SNEZANKA TRAJANOVSKI, and acknowledged the execution of the foregoing Affidavit For Transfer Of Personal Property. In witness whereof I have hereunto subscribed my name and affixed my official seal.

Resident of Lake County

My Commission Expires 19 January 2017

ANTOINETTE KRUPA, NOTARY PUBLIC

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

ATTN:

SAMANTHA

	7 0 -	_	`	CEF	RITICA	I E OF L	JEATH			SA	aMA	ATHA		
Local No	3319	` ۵۰	.).						State N	- , . lo				
Decedent's Legal Name (First, Middentification)		1a. Maiden Last Name (If Female)						3. Time Of Deal	th 4. Da	te Of Death (Month/Day/Year)				
ORCE TRAJANOVSKI		N/A				M		5:20AM	SEI	PTEMBER 3, 2009				
	EE	Under 1 Year	6c. Under 1 M		1 Day 6e.	Under 1 Hour		f Birth (Mon	· ·			Or Foreign Country)		
341926136	55 Mon	nths	Days	Hours	Minut	es	OCT	OBER 10	, 1953	ZIVINJE, M	AKEDONI	A		
9. Ever In U.S. Armed Forces?		curred In A Hospi		nt ☐ Dead On Arriv		If Death Occurre	d Somewher	e Other Than	A Hospital:	Hospice Facility	☑ Deceden	's Home Nursing Home/Lang-		
☐ Yes ☑ No Unknown ☐	ral Term	Term Care Facility ☐ Other (Specify)												
 Facility Name (If Not Institution, C 	Sive Street And Nu	ımber)												
9385 ROOSEVE		E												
12. City Or Town, State, And Zip Coo		13. County C	Of Death		j			tal Status At Time Of Death ied						
CROWN POINT.		LAKE			☐ Widow			wed Never Married Unknown						
15. Surviving Spouse's Name SNEZANKA	ļ	15a. (If Wife)Give Maiden Last Name MANEVSKA			16. Decedent's Usual Occupation TRAFFIC ENGINEERING			17. Kind Of Business/Industry						
						TRAFFIC ENGINEERING			G TRUCKING					
18. Residence – State INDIANA			County KE		1	18b. City Or Tow CROWN PO								
18c. Street And Number									18d. Apt. No.		7:- C- 1-	18t. Inside City Limits?		
9385 ROOSEVELT PLACE								1 1		Zip Code 307	161. Inside City Limits?			
18. Decedent's Education	20. Decedent Of Hispanic Origin			21. Decedent's Race				10.						
Associate degree (e.g., AA, AS) No, not Spanish/Hispanic/Latino White														
22. Father's Name (First, Middle, Last) 23. Mother's Name (First,											23a. Mother's	Maiden Last Name		
DIMITAR						AGICA						TRAJKOVSKA		
24. Informant's Name Z4a Retationship To Decedent SNEZANKA TRAJANOVSKA SPOUSE						24b. Mailing Address (Street And Number, City, State, Zip Code)								
SNEZANKA TRAJANOVS		938	9385 ROOSEVELT PLACE											
25a. Method Of Disposition.	ial 🔲 Cremation	25b. Place	Of Disposition (Na	ame Of Cemetery, C	25. Place Of crematory, Other		25c. Loca	ation - City, T	own, And State			-		
☐ Donation ☐ Entombment ☐ Rer			ET PARK CE						, IN 46410					
Other (Specify): 26. Was Coroner Contacted?	27. Name #	And Complete Ad	Idress Of Funeral	Facility	OF			AT.			27a.	Funeral Home License Number:		
☐ Yes ☐ No	BURNS	FUNERAL	HOME 10101	BROADAWA	Y CROWN	POINT, IN	46307		•		FH	33002445		
27b. Signature Of Indiana Funeral Se			This	Docum	nent	is the		pert		cense Number (Of	Licensee)			
	Op	1 10 A	1	ulik	hCou	ıntv F	Reco	rdeı	FDO	8601292				
	yo.				.	<i>J</i>								
28. Part I. Enter The Chain Of	Events_Disease	eoe Injurios (Cause Of Deat								4		
Such As Cardiac Arrest, Respire A Line. Add Additional Lines If	atory Arrest, Or	Ventricular Fi	brillation Witho	out Showing The	Etiology. Do	Not Abbrevia	te. Enter C	nly One C	ause On			Approximate Interval: Onset		
Immediate Cause (Final Diseas	•	Resulting In D	eath	A. P.	SPIre	ton	Fail	ure	-			To Death MINUTES		
Samuella List Conditions 16	9 m	7	144.10	BR	2123	TEM	CON	ARA CONSIGNATION	ESSI.	ON		1 wic		
Sequentially List Conditions, If A Line A. Enter The Underlying C The Events Resulting In Death)	CE	CEREBRAL EDEM				Consequence Of):			Gmes					
The Events Resolving in Dealing	Lasi			C	. 0		Dup Ta (Or	AgA Copseq D	ce Of):			<u>&</u>		
Part II. Enter Other Significant Condit	Resulting In The	D, —					Autopsy Performed?							
					TITI	AD 20	30. Were	Autopsy Fin	dings Available	To Complete The		nn7 ☐ Yes 🖾 No		
31. Did Tobacco Use Contribute To D	eath?	32 If Female			Tropin	W 5 0%	E		33. Manner	Of Death:				
Yes D Probably 10 No Dinknown		☐ Not Pregna	rit, But Pregnant 43 C	Pregnant At Time Of Jays To 1 Year Before De	eath Unknow	wn If Pregnant Withi	in The Past Yea	r	☐ Suicide ☐	Homicida	vined	rivestigation		
34. Date Of Injury (Month/Day/Year) N/A		35. Time Of	Injury			njury (E.G., Deo	edent's Home	e, Construction	on Site, Restaur	ark, Wooded Area)	37. Injury At Work?		
38. Location Of Injury - State		N/A 38a. City Or	Tour		N/A							☐ Yes ☐ No		
N/A		N/A	(AMI)		38b. Street & N/A	*****	111		WS CLAIR.	38c. A		NA CONTRACTOR		
39 Describe How Injury Occurred N/A	····	<u> </u>			Time to the second	Hillian		j/	OF YOF THE	Anchodeline	OF DEATH	CAND COMPLETE CONFILE WITH THE		
									C (O, H)]	perator Passenger	KRAINEIGIPE	Other (Specific)		
41. Signature, Of Person Certifying C			`					42. Certifi	er (Check Only	One)	LI FOUSSIIAI (
Mark A Si					·-··			☑ Certif		□ ငေကြမြော မို				
43. Name, Address And Zip Code Of Person Sertifying Cause Of Death: MARK A. SIMAGA MAD								44. License Number 4			5. Date Certified			
MALE TO SOME	- Cent							:	1010	TUA 10	۱ (9/17/07		
46. Additional Funeral Service Provide	er: N/A								47. */	Akas: N/A	·	<u> </u>		
48. Signature of Local Health Officer:					49.	For Registrar	Only - Date	Filed (Month	/Day/Year):	The second of th				
Sugar	~ /-:	5117	40			C. 1	1 . 1		75	>00	75			